Effective November 10, 1998													De W	21
CLAIMS AS FILED - PART I (Column 1) (Column 2)									WALL YPE	ENT	ITY]	OR	OTHER	
FOR			NUMBER FILED			NUMBER E	XTRA	R	ATE	F	EĢ		RATE	FEE
BASIC FEE										38	0.00	OR		760.00
TOTAL CLAIMS			minus 20-						\$ 9=		T	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =						(39=	T		OR	X78=	1
MULTIPLE DEPENDENT CLAIM PRESENT						•		130=	T		OR	+260=	-	
* If the difference in column 1 is less than zero, enter "0" in column 2								TO	DTAL		-	OR	TOTAL	74000
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SI	VALL	ENT	1	OR	OTHER	THAN	
AMENDMENT		CLAIR REMAIN AFTE AMENDI	MS NING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	TIO	DI- NAL		RATE	ADDI- TIONAL FEV
	Total	. 13		Minus	**	20		X	\$ 9=			OR	X\$18=	
	Independent	* '/		Minus	***	•		×	39=			OR	X78=	7
	FIRST PRESE	NTATION	OF MI	JLTIPLE DEI	PEND	ENT CLAIM		1	130=			OR	+260=	
		•				. *		-	TOTAL				TOTAL ADDIT, FEE	
	,	(Colum	nn 1)	· ·	(C	column 2)	(Column 3)	NOU.	IT. FEE				ADDII. FEEI	
AMENDMENT (CLAII REMAII AFTE AMENDI	MS NING ER		. PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE		DI- NAL EE		RATE	ADDI- TIONAL FEE
	Total	- 28)	Minus	##	20	- 8	×	\$ 9=			OR	X\$18=	
	Independent	. 11		Minus	***		= 4	×	39=			OR	×9#=	
	FIRST PRESE	NTATION	OF MI	JLTIPLE DEI	PEND	ENT CLAIM		+1	130=			OR	+260=	
D 7/1/04)							TOTAL.				TOTAL	
(Column 2) (Column 3)									IT. FEE				ADDIT. FEE	
AMENDMENT		CLAII REMAII AFTE AMENDI	MS NING ER		PF	HIGHEST NUMBER NEVIOUSLY PAID FOR **	PRESENT EXTRA	R	ATE-	AD TIOI FE	NAL		RATE	ADDI- TIONAL FEE
	Total	. 16		Minus	##	28	- O	X	\$ 9=		1	OR	X\$18=	/
	Independent	• 4		Minus	***		= (>	x	39=				X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash		 		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.														
***	f the "Highest Nu If the "Highest Nu The "Highest Num	mber Preyk mber Preyk	ously Pa ously Pa	lid For IN THI aid For IN THI	S SPA IS SPA	ICE is less that ICE is less that	n 20, enter "20." n 3, enter "3."	ADDI	TOTAL T. FEE 1 the ap	proprie		_	TOTAL ADDIT. FEE umn 1.	

Application or Docket Number